



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hugh Herr, Joaquin Blaya and Gill A. Pratt

Application No.: 10/671,329

Group: 3762

Filed: September 25, 2003

Examiner: Flory, Christopher A.

Confirmation No.: 5686

For: Active Ankle Foot Orthosis

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
8.26.08	<i>Stefanie Tetreault</i>
Date	Signature
<i>Stefanie Tetreault</i>	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	41	MINUS	* 36	5	X \$ 25	\$ 125		X 50	\$	
INDEP	11	MINUS	** 6	5	X \$105	\$ 525		X \$210	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$	+	\$370	\$

* not fewer than 20

** not fewer than 3

TOTAL = \$ 650

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$130	\$[]	X \$260	\$[]	

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	
<input type="checkbox"/>	Claims Fee	\$	
<input type="checkbox"/>	Application Size Fee	\$	
<input type="checkbox"/>	Other Fees:	\$	
		\$	
		\$	
TOTAL:		\$	


A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	
<input checked="" type="checkbox"/>	Claims Fee	\$	650
<input type="checkbox"/>	Application Size Fee	\$	
<input type="checkbox"/>	Other Fees:	\$	
		\$	
		\$	
TOTAL:		\$	650

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
N. Scott Pierce
Registration No.: 34,900
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

8/26/08



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hugh Herr, Joaquin Blaya and Gill A. Pratt

Application No.: 10/671,329

Group: 3762

Filed: September 25, 2003

Examiner: Flory, Christopher A.

Confirmation No.: 5686

For: Active Ankle Foot Orthosis

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
8-26-08	<i>Stefanie Tetreault</i>
Date	Signature
<i>Stefanie Tetreault</i>	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection for filing in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	41	MINUS	* 36	5
INDEP	11	MINUS	** 6	5

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 25	\$ 125
X	\$105	\$ 525
+	\$185	\$

OR

OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	50	\$
X	\$210	\$
+	\$370	\$

* not fewer than 20

** not fewer than 3

TOTAL = \$ 650

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$130	\$[]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$260	\$[]

Payment
Sufficient for
up to
[] Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

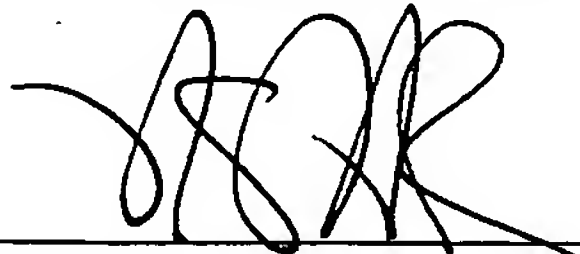
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input checked="" type="checkbox"/>	Claims Fee	\$	650
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	650

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
 N. Scott Pierce
 Registration No.: 34,900
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

8/26/08